

Foster Family Home - Corrective Action Report

Provider ID: 1-510380

Home Name: Melba Sagisi, CNA

91-1002 Ae Ae Street

Ewa Beach

HI 96706

Review ID: 1-510380-6

Reviewer: Maribel Nakamine

Begin Date: 10/31/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/31/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/30/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- No current tuberculosis clearance for CG#1, CG#2, CG#3, and CG#4.

41.(b)(8)- CG#4 without current training in cardiopulmonary resuscitation and blood borne pathogen. CG#1, CG#2, and CG#3 have no current blood borne pathogen training.

41.(c)- No current annual in-service training for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Medication Administration Record, doctor's order, medication bottles, and CMA's lists of medication for Client #2 and Client #3.

Maribel Nakamine, R
Compliance Manager

M Sagisi
Primary Care Giver

10/31/19
Date

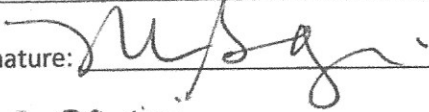
10/31/19
Date

11/10/2019 19:16 PM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Melba Sagisi
CCFFH Address: 91-1002 Ae Ae Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(1)	2019 TB clearance was obtained for Cg #1, Cg #2, Cg #3, Cg #4. It was placed into home record.	11/27/19	Home will use a spreadsheet on laptop to determine when requirements are due 2 mos. before they expire to allow time to get it done.
41(b)(5)	CPR for Cg #4 obtained. Bloodborne Pathogens for Cg #1, Cg #2, Cg #3 obtained. It was placed into home record.	11/20/19	Home will use a spreadsheet on laptop to determine when requirements are due 2 months before they expire to allow time to get it done.
41(c)	12 hours annual in-service for 2019 completed for Cg #1, Cg #2, Cg #3, Cg #4 and placed into home record.	11/20/19	Annual in-service will be done throughout each year and placed in home record.
54(b)(5)	Medication discrepancy was corrected by clients CMA, MD and Cg #1 on clients medication Administration Record for client #2 and client #3.	11/25/19	Cg #1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, pharmacy, and/or doctor if they are different.

Primary Caregiver's Signature: 

Print Name: Melba sagisi

Date of Signature: 11/28/19